

1172

in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>102</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>111</u>
Town of _____	Local Registrar No. _____		
or _____	St. _____		Ward _____
City of <u>Miami</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Refugio Raseon</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No. in order of birth _____		7. Date of birth <u>Feb 3 1924</u> Month day year	
8. FATHER Full name <u>Refugio Raseon</u>		14. MOTHER Full maiden name <u>Julia Cosmo</u>	
9. Residence (Usual place of abode) <u>Miami Mexico Canon</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Mexico Canon</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>40</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>No</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child who was <u>stillborn</u> at <u>10 P</u> m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Nelson D. Bragdon</u> (Physician or midwife)	
Address <u>Miami</u>		Filed <u>Feb 29</u> 19 <u>24</u>	
Given name added from supplemental report _____ Month, day, year.		Local Registrar. <u>C. E. Jones</u>	
Registrar. _____		County Registrar. <u>B. E. Gray</u>	

995-203-136